Village of Croton-on-Hudson Recreation & Parks Department Mail-in Registration Form/Release Form

Please Print

All information must be completed or registration will not be accepted.

Participant's Name				
Address				
Parent's Name(if under 18)	Date of Birth			
Home Phone	Work Phone			
Emergency Name & Phone				
Activity # Section #	Program	Day	Fee	
	Total Due			
I am enrolling myself/my child Department/Village of Croton discharge the Village of Croto for injury to person or property programs. I hereby also state effect during the time I am eng Department, its agents or emp	-on-Hudson. In so doing on-on-Hudson, its employ y that may arise from my that I will have health in gaging in any activities of	g, I hereby waive, re yees and agents from //my child participa surance for myself/i	elease and n any liability ting in these my child in	
Signature (of parent or guardia	an if under 18)	Date		
Registration may be done usin	og this "Mail-in Registrat	ion Form" Please	he sure to	

Registration may be done using this "Mail-in Registration Form". Please be sure to complete all information, sign and enclose a check for the proper amount made payable to "Croton Recreation and Parks" and mail to Municipal Building, 1 Van Wyck Street, Croton-on-Hudson, NY 10520.